								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000									09/967/94					
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN			
(Column 1) (Column 2)								TYPE		OR	SMALL			
TOTAL CLAIMS			19					RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			/ / minus 20=		• 0		o.	X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			3 mir	nus 3 =	· 0			X40=		OR	X80=			
MU	LTIPLE DEPEN	DENT CLAIM PE	RESENT				•	+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	3550	:013 :013	TOTAL			
THORAT CLAIMS AS AMENDED - PART II											OTHER	THAN		
9	-24-07	(Column 1)		(Colu				SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAININGL, AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 9	Minus	<u>C</u>	\circ	=		X\$ 9=		ØR	X\$18=			
	Independent	• 1	Minus	***	3	= /		X40=		OR	X80=			
L	FIRST PRESE	NTATION OF MI	DETIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=/			
				•		-	l	TOTAL			TO/TAL			
		(Column 1)		(Colu	mn 2)	(Column 3)	•	ADDIT. FEE	L	10	ADDIT. FEE			
		CLAIMS		HIG	HEST		1 1		ADDI-	l	<u></u>	ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	•	Minus	••		=		X\$ 9=	ŀ	OR	X\$18=			
	Independent		Minus	•••	T 01 4114	<u> </u>		X40=		OR	X80=			
	FIRST PRESE	NTATION OF MI	JUIPLE DEF	ENDEN	I CLAIM		J	+135=		OR	+270=			
				•		•		TOTAL		OR	TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)														
		CLAIMS		HIG	HEST		1 1		ADDI-	1		ADDI-		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=			
	Independent	.•	Minus	•••		=		X40≃		OR	X80=			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 			 		
	If the entry in colu	ımn 1 is less than t	he entry in colu	ımn 2 wri	te "0" in co	olumn 3		+135=		OR	+270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												<u> </u>		
	The "Highest Nur	mber Previously Pa	aid For" (Total o	r Indepen	dent) is th	e highest numb	er fo	und in the ap	propriate bo	x in c	olumn 1.			